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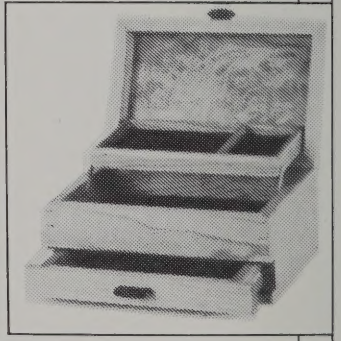

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THE HAMPDEN HIPPOCRAT

VOLUME XXXXIV NO. 5
October—November 1988

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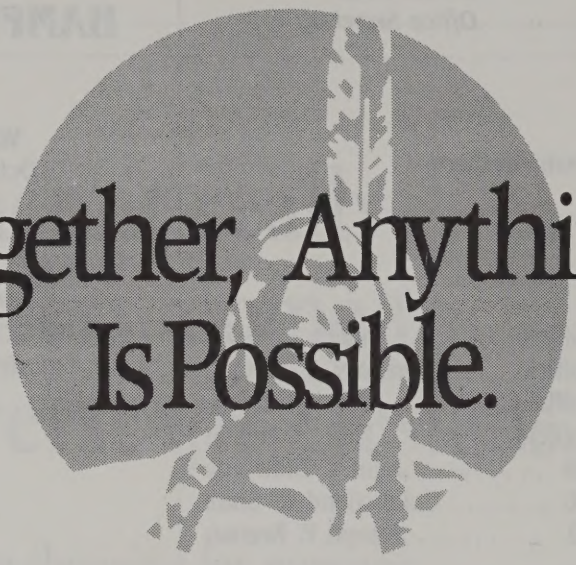

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THE HAMPDEN HIPPOCRAT

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October—November 1988

VOLUME XXXXIV NO. 5

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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This month's cover is "You Were There When I Needed You" the Second Prize Winner of Pride in Medicine II. Submitted by Melanie Friedman of Children's Hospital in Boston Massachusetts.

THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
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HDMS President's Message

Liberty and Justice for All-???

J. Gordon Rich, M.D., President

Well, here we go again. Twenty four of our OB-GYN physicians have been charged with antitrust activity and conspiracy by the Attorney General of the Peoples' Republic of Massachusetts, Mr. James Shannon. This action further strains a tenuous relationship between physicians in the Commonwealth, and the political establishment. A substantial dose of gasoline has now been dumped on the glowing embers of physician dissatisfaction--a truly irresponsible and foolish thing to do.

This represents an effort to intimidate us all, and force our acquiescence to any situation that's rammed down our throat, no matter how one-sided or repugnant. The "thinking" behind this seems to be that if you beat the profession soundly about the head and ears long enough and with a big enough club, the boys and girls will fall into line, and resist oppression no more. Of course, if some political points can be scored in the process in the guise of being "pro-consumer"; then so much the better. I sincerely hope that the above described thesis fallsflat on its face.

If a state sponsored "monopsony" exists (i.e. the "Blues"), that seems to be quite acceptable; but if any two or more of us get together and discuss the situation and what to do about it, then the roof falls in. Of course we all understand that individuals acting alone cannot deal with large bureaucratic third party payors--especially the "Blues". Individual grievances are usually met with a nose-thumb by these folks, as a matter of course. Only when significant numbers of us (acting individually of course) put the wood to them, is any movement on their part detected.

In all this legalistic mumbo-jumbo, whatever happened to the concept of fair-play, and a balanced relationship between contracting parties? I am not sure if such ideas are much considered in law school, but if they are, the attorney general must have slept through that class.

Clarence Darrow is usually thought of as the defence attorney in the "monkey trial" in Tennessee early in this century, In fact, he spent most of his time defending union organizers and leaders in court against various "conspiracy" charges in the early 1900's. At one point he made the observation that if two small boys stole a dime, they would be paddled soundly, sent to bed without their supper, and that would be the end of the matter. However, if two small boys conspired to steal

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a dime, but never actually stole it; they could be prosecuted to the full extent of the criminal laws dealing with conspiracy. He further stated that the laws governing conspiracy have ever been used by an established and repressive interest to beat down dissent and opposition. I think that these ideas very much apply to this present situation.

In societal terms (our rose tinted illusions to the contrary notwithstanding), we are a pool of skilled labor, and we are having many of the same problems with "the establishment" that blue-collar workers had before unions of workers were accepted, and the National Labor Relations Act came into being. Individual physicians cannot effectively represent themselves with large organizations, any more than a production line worker could bargain as an individual with Henry Ford and his organization. Also, when an individual gets prosecuted for "conspiracy", the full weight of the State (supported by our tax dollars) is brought to bear. Infinite resources (time and money) are pitted against the very finite resources of the individual. Again, concepts of fair play go out the window.

Although the present situation needs to shake itself out a bit more, it appears that a significant number of the physicians who have been sued in this instance plan to defend themselves, and will not attempt to settle this out of court. I think that all of our rights and liberties are on the the line in this matter. Many physicians have approached HDMS about organizing a defence fund. This has to be done outside the organization of the Medical Society, but such efforts will be pursuedl More about this later, so stay tuned.

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An Alternative View of Medicine

A Book Review of "The Health of Nations" by Leonard A. Sagan

Terry D. Ryan, M.D., Reviewer

"Medicine" is being challenged daily from all sides. We are criticized for being too aggressive on the one hand and too expensive on another, for not giving first class care to all, and, recently, for excessive mortality due to inadequate treatment in some hospitals. As if this were not enough, there are now appearing a variety of books questioning the validity of interventional medicine altogether. These books are the sources of information that our social and political health planners will be reading. Thus, it behooves us to become familiar with our "adversary's" sources of information.

"The Health of Nations (True Causes of Sickness and Well-being)" was published a year ago by Basic Books, Inc. in New York. The author, Leonard A. Sagan, M.D. is a graduate of the University of Chicago (M.D.) and Harvard (MPH) who currently works as an epidemiologist studying the effects of radiation. The book purports to draw on the disciplines of psychology, sociology, anthropology, biology, and economics, as well as medicine, to arrive at a "universal" approach to the causes of illness, disease, and death. Dr. Sagan's main thesis is "It has been largely unrecognized that people today enjoy improved health and survival because we are far more resilient, better survivors, better educated, more resourceful, and have better coping skills than ever before."

In his introduction Dr. Sagan defines health as, not only the absence of disease, but a sense of subjective well-being, but then consistently measures health through life expectancies and disease rates; one of the major flaws of the book.

Dr. Sagan begins by pointing out that modernization of civilization increased man'-s life span by almost 40 years—truly one of the most remarkable events in human history. However, much of this improvement has antedated the advent of improved sanitation and nutrition and modern medicine. The author goes on to point out that while the United States was leading the way in increased life expectancy in the first 50 years of this century, we are falling behind and actually have begun to lose ground in the 70's and 80's (while health expenditures have been doubling).

The steep decline in mortality began slowly in Sweden, the United Kingdom, and North America in the 18th and 19th centuries and accelerated rapidly in the first half of the 20th century. A major factor was the decline of death from infectious disease which began prior to the great sanitaiton movement of the 19th century and was due to a decrease in the death rate of those infected, rather then a decrease in the number of those infected. According to the author, this was due to marked improvement in human resistance brought about by psycholsocial factors. (The advent of immunization and antibiotics have made little statistical significance.)

Dr. Sagan presents data to show that improved food supplies and nutrition have had little beneficial affect on helath or on life expectancy. Up to a point food deprivation appears to have a more beneficial affect on health of humans, as well as laboratory animals. Obesity is our major nutritional problem. He decries the giving away of food and food stamps while ignoring the behavioral characteristics that lead to hunger. In addition, the author presents evidence that the availability of medical care has had little role in reducing death rates or improving health. He grants that a variety of specific therapies and procedures will cure or correct specific illnesses, but argues that they are so grossly overprescribed and recommended that the harm done by their excessive use statistically overcomes the benefits to the few.

The efficacy of medical care is judged primarily on its influence on life expectancy in this book. This is where Dr. Sagan sets up his straw man; i.e. he implies that *statistical increases in life expectancy* and decreases in death rates are the major goal of medicine, while the *relief of symptoms and improvement of the quality of life* are very secondary goals, hardly to be considered. Dr. Sagan grants that there are individual situations in which medicine or surgery may save or prolong a life, such as an acute abdomen or trauma, but says, "The issue is not only whether some procedures are life prolonging; rather the question is whether the aggregate impact of the millions of medical procedures and therapeutic decisions made daily have a net beneficial or negative affect on life expectancy." He then makes a telling case that medical care in the 17th, 18th, and 19th centuries did more harm than good, while life expectancies were actually steadily rising in spite of it.

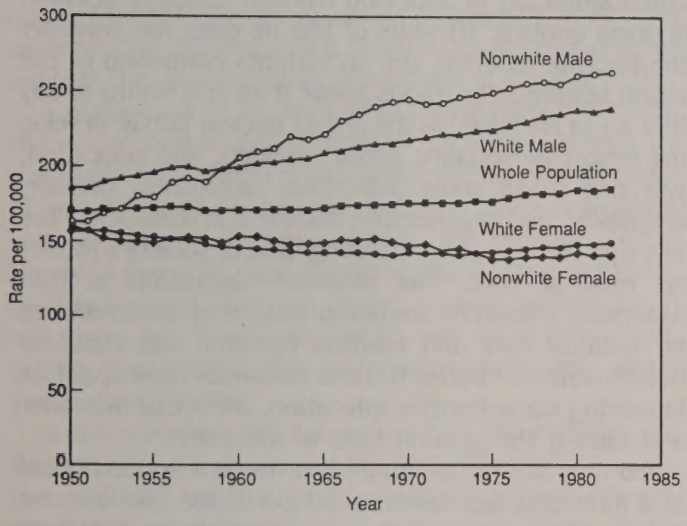
The "antibiotic era" of medicine is written off as inconsequential, because the greatest decline in death rates from infectious disease occurred before it. While antibiotics are useful in shortening the course of certain specific infections, their general and non-specific use throughout medicine has given rise to more virulent and resistant infectious agents and, while they are used, may ever pre-dispose the patient to other types of infections. Vaccines are given a neutral role in control of death rates. It is said that in the 19th century smallpox was eradicated from Berlin by vaccination, but the infectious disease death rate from gastrointestinal and other infections rose to counter-balance the decline of smallpox

continued

death rates. Thus, smallpox had been overcome, but the human animal's resistance to infection had not changed. Thus, they simply died of other infections. Deaths from whooping cough, measles, and diptheria had already begun to decline when their vaccines had appeared, etc.

The treatment of acute coronary artery disease by coronary intensive care units and by coronary artery bypass grafts comes under fire as being statistically meaningless in the alteration of death rates. In the treatment of cancer the accompanying chart portrays how little statistical change there has been in cancer mortality rates.

FIGURE 4.3.
Mortality from All Malignant Neoplasms, 1950–1982



SOURCE: Reprinted by permission of the publisher, from J. Bailar and E. Smith, "Progress Against Cancer?" *New England Journal of Medicine* 314 (1986):1227.

And finally, after a discussion of infant mortality rates and pediatrics, Dr. Sagan suggests two conclusions: "Factors associated with lifestyle predominate in the determination of infant mortality rates and increasing availability of expert medical care produces no detectable affect on infant survival (on a statistical basis)."

Dr. Sagan is laying the groundwork for his thesis that attempts to "conquer" individual diseases are fruitless, because if you have a non-improved, highly suseptible human animal, he will merely succumb to some other disease and that ultimately the way to improve health and reduce disease and mortality rates is to improve "the human animal" and his response to his environment.

Thus, what does improve human health (according to our author)? First, there is a crucial relationship between the child and its caregiver. The change from a society in which large families were the norm and the child was used as an economic investment to a society of smaller families where the child was cherished and nurtured for its own self worth has developed humans less prone to disease—an improved human animal. Now, we are seeing a decline in health in the United States because of the "ungluing of the small nuclear family".

In concluding the chapter on the relationship between the human family and health, Dr. Sagan writes, "What have we learned that may shed light on the troubling evidence of the declining health of U.S. population? Why are we falling behind other post-modern countries, and, specifically, what might this have to do with child-rearing patterns? Just as the growth of the affectionate nuclear family was associated with improvement in health, deteriorating family relationships for the past several decades may well be associated with the relative decline in health, particularly among children and teenagers. As the modern nuclear family has become unglued, crime, suicide, and drug use have soared, just as have divorce and teenage pregnancy, while scholastic achievement has declined. These associations in causal relationships have yet to be widely appreciated."

It is said that another important reason for lower mortality rates in modern society is that we have learned to manage and control stress, both on a personal and societal basis. A child who learns his "life skills" will be able to mitigate most stressful situations. But, a child who loses a parent to death or divorce is more suseptible, either immediately or years later, to psychological/physiological decompensation, disease, and death. Dr. Sagan summarizes his section on stress by saying in addition to the increased ability of modern populations to withstand exposure to stressors, a modern productive society also reduces the levels of stressors to which the individual is exposed. An affluent society is

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An Alternative View of Medicine

continued

able to provide both engineering safeguards against natural disasters (through flood control, fire fighting equipment, sanitation, and so forth) and economic security against personal disaster (illness, unemployment, and so on).

Finally, there are sections which contend that strong social networks, home, family, church, friends, and even doctors, are common among healthy people. Also, it is shown that there is a strong relationship between social class and health (the higher the healthier), and that this holds true regardless of access to medical care.

And, last, but not least, Dr. Sagan argues that there is a strong relationship between education and health.

Dr. Sagan tries to tie these things together by defining the characteristics of a healthy person. Is there a particular type of person who is most likely to resist disease, have a low morbidity rate and a long life span? The implication is that if there is, then perhaps we should try to make all persons like this model. The characteristics of this person would be:

1. He would have a high level of self esteem.
2. He would not be self-indulgent or preoccupied with personal identity, but,
3. He would place a high value on his health and survival.
4. He would be future oriented—willing to delay immediate gratification for future gains.
5. He would be trusting and enter easily into social networks.
6. He would relish companionship.
7. He would pursue knowledge beyond formal education.
8. He would possess a feeling that one's internal and external environment are predictable and that there is a high probability that things will work out as well as can be reasonably expected.

It is difficult to relate Dr. Sagan's paradigm of a healthy person and his historical perspective of health, disease, and death to modern interventional medicine. Although an M.D., he is obviously far removed from our daily activities where an acute appendicitis or cholecystitis is cured surgically or a person dying of diabetic acidosis is given another 10 years of life; he does not consider the fracture repaired, the arrhythmia controlled or the vision restored. He stands above it all and seems to say that if you are raised in the proper nuclear family, develop the proper personality, social supports, and education, you can avoid most infections, accidents, genetic, neoplastic, and degenerative disease and statistically live to a ripe old age while spending little of society's money on medical care. The obvious conclusion is that America's resources are being wasted on expenditures for medical care and medical research and that our health would be better if these resources were spent on improving stable families, education, and social networks, and raising the general level of affluence.

You may snicker or laugh, but this is a serious book, of a kind that our health planners digest and discuss. Being aware of this rationale may help us better to understand those who would appear to be our "adversaries." ■

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Medical Ethics Forum

The Fourth Annual Medical Ethics Forum was held September 28, 1988. The 110 people who attended the Forum had the pleasure to hear Dr. Fred Rosner give a most informative and moving discussion of modern medicine and Jewish ethics. Dr. Rosner is Director, Department of Medicine, Queens Hospital Center, Affiliation of the Long Island Jewish Medical Center, Queens, NY.

Dr. Rosner gave a most stirring overview of all the many aspects of medicine that call for ethical concerns and decisions. Hearing Dr. Rosner, one could appreciate his wealth of knowledge and his many years of living respect for the gift of his Jewish philosophy of life. His presentation encompassed many biblical references to support the Jewish historical positions of medical ethics.

A major part of Dr. Rosner's presentation dealt with the many complicated aspects of organ transplants. He discussed how Jewish ethics affect the use and disposal of certain parts of the human body. Heart transplant was mentioned in some depth. An example of Dr. Rosner's use of biblical reference was his use of Ezekiel 36:26 to depict the Lord giving a heart transplant: "I will give a new heart and place a new spirit within you, taking from your bodies your stony hearts and giving you natural hearts."

In the question and answer part of the evening, Dr. Rosner was asked how he felt regarding the termination of fluids and nutrition in a dying patient. He emphatically was supportive of continuing these "basic aspects of caring for patients." He equated giving fluids and nutrition, regardless of the mode of administration, to be no different from the normal caring of a patient such as hygiene, clothing, and compassionate presence.

Dr. Rosner was concerned when our American Medical Association was studying and developing a position paper on this issue of fluids and nutrition. The American Medical Association Journal declined to print his conservative position. To those of us who would be interested in reading his thoughts on this, it was published in the New York Journal of Medicine 87(11):591-593 (Nov.) 1987; Rosner, F.: Withdrawing Fluids And Nutrition: An Alternative View.

Dr. Rosner published a recent book titled, "Modern Medicine And Jewish Ethics". Ktav and Yeshiva Universal Press, 1986.

In conclusion, it was inspiring to hear a physician who obviously lives his religious life, both personally and professionally. His presentation dramatized that although we may come from different religious backgrounds, we share so much more in common thought than in our differences. From his talk, one came away having a deeper respect for the Jewish religious principles of morals and ethics, the central theme of which is to give life to His people. Part of this respect comes from realizing that these Jewish principles have evolved over 5,000 years.

We owe a large vote of thanks to Dr. Fred Rosner for being our fourth medical ethics speaker.

James G. Fitzpatrick, M.D., Chairman
Medico-Religious Committee

Note: *We have the tape made by the Reel to Reel program of our Fourth Annual Medical Ethics Forum featuring Fred Rosner, M.D. speaking on The Jewish Perspective In Medical Ethics.*

You may borrow the tape by calling the Society's office at 736-0661. ■

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We are therefore publishing the first paragraphs of several of these books. If you take the time to read through them, you will be able to more than hold your own when these books come up for discussion the next time you are at a cocktail party."

One of the largest—at least major, problem, well, perhaps not a problem, more like a condition—inhibiting, at least suppressing or to be fair, preventing the expression of—my personality, or at least the appearance of my personality, the persona, as it were—during social exchange with other people-although I am not sure whether one could call it exchange when it is so one sided, especially with strangers and those of the opposite sex—although some of those of the opposite sex cannot easily be lumped into such generalizations—is that I am perhaps too introspective.

From "An Attempt at Autobiography, or at least Memoir" by S.W. Greff

Do you realize how dependent mankind is on cheese? Where it came from? Do you know that there are fewer varieties of cheese today than there have ever been since the dawn of recorded history? Do you understand the relationship between cheese and why western civilization is the way it is today? Are you aware of the many great men and women,—Miroslav Bromski the radical Pacificst; St. Hedwig of Upper Thalia, patroness of soap making; Percival N. Smyth-Jones, poet and writer—and numerous lesser lights lived almost exclusively on cheese? Do you know that cheese has been made from mouse, cat, dog, camel, and rhinocerous milk, but never from elephant or horse milk? Why was it that despite intensive pressure from the congressional delegations of Wisconsin and Oregon, cheese has never been included on a manned space flight, either here or in the Soviet Union?

This book is about the answers to these and other questions.

From "The Romance of Cheese" by Myron P. Fleck, M.A. (Food science).

Richard Youseman was one of the most brilliant men I have ever met, but his obsession with developing a mathematical proof that the Pope did not actually exist had the unfortunate result of confining him to obscurity. This is the story of that quest.

From "Richard Youseman—A Mind Alone" by Flora P. Youseman

I could feel my bladder filling up, and gas collecting in my lower colon, as I scratched at an area just below my left nipple which reminded me that I should have taken a shower this morning. I wanted to blow my nose. My right eye itched and ran, probably from the cigarette smoke. But, gathering my resolve, I turned my attention once again to "Little Jake" Vermicelli, who was eating lunch at the corner table.

Jake seemed to swallow his food without chewing it, and spaghetti pieces dripped from the corner of his mouth back onto his plate or the surrounding table cloth. A bead of sweat fell from his nose and joined the spaghetti. His constant sniffling and throat-clearing suggested that he was coming down with a cold.

From "A Stake-out at Vito's" by Shott Gunn.

"It couldn't be," I thought to myself.
"Annette—" I began to say.
"Shh. Not another word." she replied.
"Sorry," I said, remembering why.
"I'm glad you understand," she whispered, a hint of a smile on her lips.
"I do and I don't," I answered softly, risking another gentle reprimand.

From "La Pence Vie Mirables" by Maurice Frogeret

Ahm a purty old feller come another year er two, 'n' Ah took me a notion to set down some o' mah travelin's 'n' reckonin's fer whatever good it'll do any pore soul. Ahm plumb unedjicated, but always done hard work, never mind I didn't always get muh pay. Ah allus said,

continued

a man gotta work hard, or he don't got no reason to complain, I reckon.

From "Ramblings of the Old West" by Caleb Feghoot.

"Szzlig(xx)ft bgdf**grn mmg%%(t)", commented the horrible alien thing slithering across the floor on a self-generated apron of slime, "Vzzq§§bvdtr(56)bnz guad-dlemrn(&&)."

Reacting with the highly honed reflexes of a Marshal of the Alpha Centaurian Rangers, I spun around and unholstered my limming phazer. Frantically I estimated how long it would be before the apogee of the perhillion of the Red Moon of Durmut, the Desert Planet, would result in the rendering of space-time on a local scale, making my escape possible. Yes, I thought, there just might be time.

"Wddr(v5q)mzt," I said in as authoritarian a voice as I could muster, frantically searching my memory for other words and concepts learned through Celerian Hypnoreinforcement at the Academy many years ago.

From "Marshal of the Alpha Centaurian Rangers" by Axel W. Geek.

Garth chomped down hard on the unlit cigar between his teeth, conscious of the stink of man-sweat streaming down his broad, muscular torso as he bulled through the jungle spraying hot lead from his AK-47 at the slightest sounds of movement, fighting off the blinding clouds of flies buzzing around in the 120 degree jungle heat. He thought again of the five bar girls he'd turned into quivering masses of desire the night before. "Waste the commie gooks!" he yelled at his squad. "Kill 'em, and when they're dead, Kill 'em again.

From "Me, 'Nam and Gooks: the True Story of Vietnam" by Sgt. Garth Grunt.

Won-Wati, the lizard, knew that Auburn Pond, where he and his ancestors and all the other pond creatures had lived in peace from time immemorial, could not continue to support their idyllic existence unless the distant Humans stopped dumping their wastes and refuse into Auburn Creek. Being a lizard, however, and therefore slow and deliberate of thought, he had no idea what could be done and decided to bask, which was something he knew he could do well.

From "The Life and Death of Auburn Pond; a Fable for our Times" by Gwendolyn Peony Worthingate. ■

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Springfield Health Department

The Springfield Health Department will administer Flu and Pneumonia immunizations to **SPRINGFIELD RESIDENTS** at community centers and churches throughout the city beginning in Mid-November. The program goal is to immunize at-risk individuals in order to prevent Flu and Pneumonia which, combined, are the 6th leading cause of death in the U.S.

The Public Health Services Immunization Practices Advisory Committee (AICP) recommends yearly flu immunization for high risk groups with an increased chance of adverse consequences, and for whom there is a higher than average potential for infection. Pneumonia immunization is needed only once in a lifetime.

Target groups include adults and children with chronic disorders such as diabetes, heart disease, kidney disease, asthma and emphysema and residents of nursing homes and chronic care facilities. Also included are all individuals age 65 or older, and health care providers who have extensive contact with high risk patients.

Flu Vaccine for the 1988-1989 season consists of an inactivated formulation of three viruses expected to be prevalent: A/Taiwan/1/86 (H1, N1), A/Sichuan/2/87 (H3, N2) and B/Victoria/2/87.

The Massachusetts Department of Public Health supplies vaccine to boards of health for immunization of high risk residents of their communities. The program is beginning late this year due to a delay in the receipt of vaccine from manufacturers.

Public Health Nurses conduct interviews at the time of vaccination to make recipients aware of benefits and risks, and to obtain informed consent. The interviews screen out individuals with allergies to eggs, chicken, chicken feathers, and chicken dander which contraindicates the use of the vaccine. Also screened are individuals with hypersensitive reactions to any components of the vaccine, or the presence of any acute respiratory disease or other active infection.

Dates of clinics throughout Springfield will be announced at the end of October. Residents of cities other than Springfield should call their local health department. For more information on the Springfield program, contact the Public Health Nursing Division of the Springfield Health Department at 787-6736. ■

ANNOUNCEMENT

American Medical Association
Hospital Medical Staff Section
Twelfth Assembly Meeting
December 1-5, 1988

Medical Staffs from across the country are encouraged to elect a medical staff representative to participate in the AMA-HMSS Assembly meeting December 1-5, 1988 at the Loews Anatole Hotel in Dallas.

The HMSS Assembly provides medical staffs with a unique opportunity to discuss and participate in the policymaking process of the AMA. In addition to the Assembly Meeting, the HMSS is sponsoring an educational forum on incorporation of the medical staff and on the role of the hospital medical director. CME credits have been requested.

For further information about the AMA-HMSS, please call (312) 645-4754.

Welcome New Members

Patrick J. Boyce, M.D.
48 East Silver Street
Westfield, MA 01086

BORN:	April 12, 1956
PREMED:	Boston College, MA 1974-78
MEDICAL:	University of Massachusetts Medical School 1979-84
INTERNSHIP:	Baystate Medical Center, MA 1984-85
RESIDENCY:	Baystate Medical Center, MA 1985-87
SPECIALTY:	Internal Medicine

David M. Chadbourne, M.D.
222 Carew Street
Springfield, MA 01104

BORN:	November 27, 1957
PREMED:	Wheaton College, Illinois 1975-79
MEDICAL:	Northwestern University Medical School, IL 1979-83
INTERNSHIP:	University of Chicago Hospital 1983-84
RESIDENCY:	University of Chicago Hospital 1984-88
SPECIALITY:	Urology

Susan D. Glover, M.D.
222 Carew Street
Springfield, MA 01104

BORN:	June 28, 1957
PREMED:	Wayne State University, Michigan 1975-79
MEDICAL:	Michigan State Univ. College of Human Medicine 1979-83
INTERNSHIP:	Akron General Medical Center 1983-84
RESIDENCY:	Akron General Medical Center 1984-88 Children's Hospital Medical Center of Akron 7/86-12/86
SPECIALTY:	Urology

Jeanne Rabin, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

PREMED:	Boston University, MA 1975-78
MEDICAL:	University of Massachusetts Medical School 1978-82
INTERNSHIP	McGill University, Canada 1982-83
RESIDENCY:	McGill University, Canada 1983-85 Case Western Reserve University, OH 1985-88
SPECIALITY:	Obstetrics/Gynecology

continued

COMMITMENT

TO THE COMMUNITY

A strong commitment to my client's financial welfare is really an outgrowth of a long-standing commitment to the community. Helping people achieve their goals has always been part of me, whether by serving on local boards or advising individuals on investment choices.

TO FINANCIAL SERVICES

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TO EXCELLENCE

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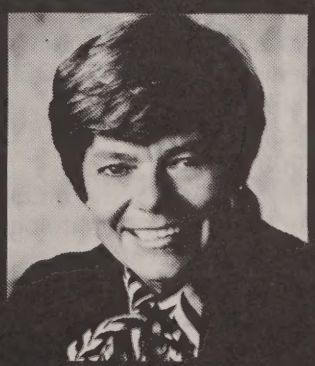

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Welcome New Members

continued from previous page

James S. Rosenthal, M.D.
780 Chestnut Street
Springfield, MA 01107

BORN: August 28, 1954
PREMED: Yale University 1972-76
MEDICAL: New York University Medical School, 1976-80
INTERNSHIP: Manhattan V.A. Hospital, NY 1980-81
RESIDENCY: New York University 1981-84
FELLOWSHIP: Mt. Sinai Medical Center, NY 1984-85
SPECIALTY: Ophthalmology

Anton Yereniuk, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: February 16, 1952
PREMED: University of Alberta, Canada 1974
MEDICAL: University of Alberta, Canada 1976
INTERNSHIP: Royal Columbian Hospital, Canada 1976-77
RESIDENCY: Misericordia Hospital thru Univ. of Alberta 1977-78
University of Nebraska Medical Center 1985-87
SPECIALITY: Anesthesiology

Grazyna Galicka-Piskorska, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: November 11, 1944
PREMED: Lycee Bresiau, Poland 1958-62
MEDICAL: Medical Academy WROCLAW, Poland 1962-68
INTERNSHIP: Medical Academy WROCLAW, Poland 1968-70
University of Southern California 1985-86
FELLOWSHIP: Tufts 1982-84 Nephrology
Harvard Medical School 1984-85
RESIDENCY: Baystate Medical Center 1987-Present
SPECIALITY: Internal Medicine

Monique L. Abner, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: January 19, 1962
PREMED: Dartmouth College, NH 1979-83
MEDICAL: Penn. State Univ. College of Medicine 1983-5/88
INTERNSHIP: Baystate Medical Center 7/88-Present
SPECIALTY: General Surgery

Frank Arnal, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: December 11, 1962
PREMED: Renselaer Polytechnic Institute, NY 1980-84
MEDICAL: Columbia Univ. College of Physicians and Surgeons 1984-5/88
INTERNSHIP: Baystate Medical Center 7/88-Present
SPECIALTY: Internal Medicine

Heather Z. Sankey, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: February 8, 1963
PREMED: Vassar College, NY 1980-84
MEDICAL: Hahnemann University School of Medicine 1984-6/88
INTERNSHIP: Baystate Medical Center 7/88-Present
SPECIALITY: Obstetrics/Gynecology

John R. Zandt, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: July 15, 1961
PREMED: University of Wisconsin 1984
MEDICAL: University of Wisconsin Medical School 1988
INTERNSHIP: Baystate Medical Center 7/88-Present
SPECIALTY: Internal Medicine

Public Relations Committee Needs You!

The Public Relations Committee is trying to broaden its physician expert base. Committee members will call upon two other members of their specialty to volunteer their assistance to the Public Relations Committee. Each Physician would be asked to be responsible for one press release per year. When the Public Relations Committee member in your specialty calls you, please consider giving your help. We need all our members working on the weekly press release project. ■

ATTENTION:
Physician Office Staff Personel

Beware of those companies posing as your copy machine supplier. For quite some time now, office staff employees everywhere have been receiving phone calls from companies claiming to offer you a great deal on copy machine supplies. They use such lines as:

> *"We had a price increase and because we neglected to notify you, we will give you the supplies at a reduced rate."*
>
> *"You won't be able to phone me back with your answer because our phone lines are always busy. I'll get back to you."*

So please don't make the same mistake others have. Make it a point to know who your copy machine products supplier is. ■

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Your assistance is greatly appreciated. For more information, interested physicians can contact:

Lieutenant Commander Jan M. Adams, USN, or Dr. Walter J. Nero
Springfield Military Entrance Processing Station
15 Main Street, Springfield, Massachusetts 01103
Telephone: (413) 732-0293

AMA Notes

AMA HEADLINES

LEGISLATION AND POLICY: An open letter to the presidential candidates from James H. Sammons, M.D., executive vice president of the AMA, appeared August 16 in the *Washington Post.* Dr. Sammons outlined a bipartisan agenda that would "assure the American people high-quality health care at reasonable cost." Headlined as "The AMA's Political Prescription," the piece highlighted many issues including Medicare reform, professional liability and AIDS... **The AMA's victories in the 100th Congress** span Medicare reform, smoking bans, AIDS legislation, liability protection and more. In a recent report, Dr. Sammons lauds AMA's "tremendous accomplishment" in achieving reforms for organized medicine. The "victory profile" was prepared by the Department of Congressional Affairs... **AMA's Medicaid reform recommendations** include expanded acute care coverage for all individuals below the poverty level. A Board of Trustees report, approved at the recent Annual Meeting, suggested program revisions establishing national standards for Medicaid eligibility and minimum benefits. The report has been forwarded to the Health Care Financing Administration. **Expansion of Medicaid** was also proposed in recent AMA testimony in the House of Representatives regarding the problems of the uninsured and underinsured... AMA comments on the **unrelated business income tax** (UBIT) were made in a letter to Rep. J.J. Pickle, chairman, Subcommittee on Oversight, House Ways and Means Committee. Among other points, the letter expressed opposition to UBIT's potential effect on pro bono activities of tax-exempt organizations. AMA lobbyists have met regularly with Treasury Department officials to discuss UBIT and possible alternatives to the measure.

SCIENCE AND TECHNOLOGY: The role of medical technology in rising costs will be explored October 27-18 at the O'Hare Marriott in Rosemont, IL. **Innovation Imperiled? Medical Technology in an Era of Cost Containment** is cosponsored by the AMA Department of Technology Management and the Health Policy Agenda for American People. ■

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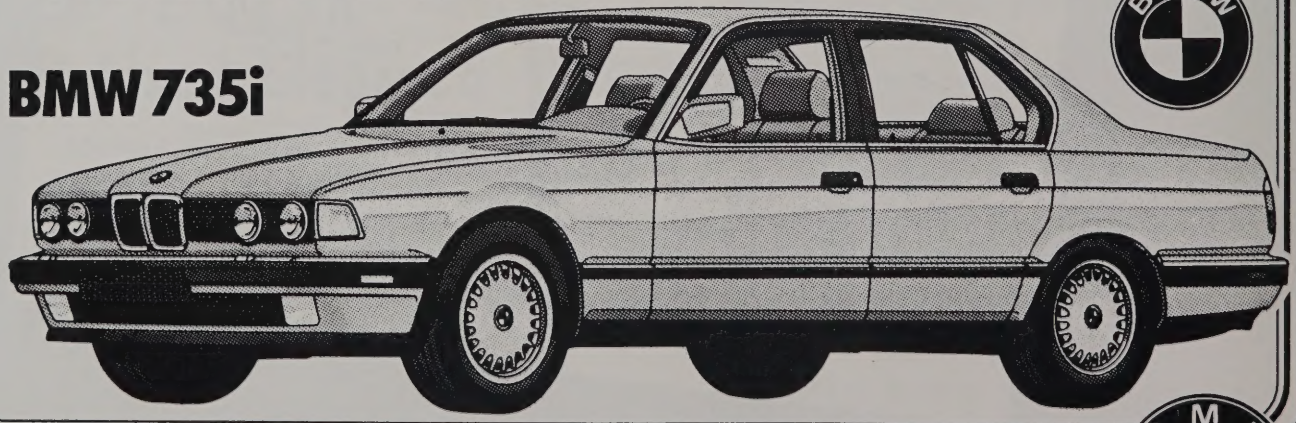

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